



**ARIZONA DEPARTMENT OF PUBLIC SAFETY
STUDENT TRANSPORTATION**

Mail Drop No. 1250 ■ P. O. Box 6638

Phoenix, AZ 85005-6638

Phone: 602-223-2646 ■ FAX: 602-223-2923

SCHOOL BUS DRIVER COVER SHEET

INSTRUCTIONS: This **MUST** be completed in full and submitted by employer.

Please check one of the following:

☐ **NEW DRIVER APPLICANT**

☐ **CERTIFIED DRIVER**

☐ **TRANSFER**

☐ **REHIRE**

(effective date) _____

(effective date) _____

DRIVER or APPLICANT NAME _____
Print full name as it appears on driver's license

DISTRICT/EMPLOYER _____

DISTRICT/EMPLOYER NUMBER _____

TRANSPORTATION DEPT. PHONE NO. _____

CONTACT PERSON _____

COUNTY _____

SCHOOL BUS DRIVER NUMBER _____
(if applicable)